

Infection Prevention & Control Audit Tool Medical Centre/GP Surgery Audit Tool

(Ref. ICNA Audit Tools for Monitoring Infection Control Standards 2004 & IPC Quality Improvement Tools)

Medical Centre/GP Surgery:
Date of audit:
Audit Performed by:
Areas assessed:
Practice Staff involved in the audit:
Date action plan required by (if applicable):

The Avenue Medical centre
12th February 2019
Louise Foster Quality Support Nurse IPC
Majority of rooms
Bola Clemo Nurse Practitioner

Column1	Standard	Score & Compliance	Comments
	Manage and monitor prevention & control of infection		
1	Clean, appropriate environment	90%	
2a	Communal & waiting areas	100%	
2b	Toilets	96%	
2c	Consulting & examination rooms	86%	
2d	Treatments rooms	100%	
2e	Cleaners room	100%	
3	Appropriate antibiotic use	100%	
4	Suitable information in a timely manner	90%	
5	Prompt identification of those with/at risk of an infection	100%	
6	Workers' responsibilities	100%	
7	Isolation	100%	
8	Laboratory access:		
8a	Specimen handling	100%	
8b	Vaccines	88%	
	Compliance with policies:		
9a	Hand hygiene	100%	
9b	Personal Protective Equipment	100%	
9c	Patient Equipment	100%	
9d	Waste Management	95%	
9e	Sharps Management	100%	
9f	Food Hygiene	67%	
	Overall Score	95%	
Key:			
	Compliant	≥ 85%	
	Partial	76% - 84%	
	Minimal	≤ 75%	

1. Systems in place to manage and monitor the prevention and control of infection & have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Manage and monitor prevention & control of infection	Achieved	Comments
Is there a named lead person responsible for infection prevention & control (and can staff state who this is)?	1	BC is undertaking the role on a temporary basis
Does the job description of the named lead person outline responsibilities in respect of infection prevention & control?	0	Only interim post
Are infection prevention & control related topics agenda items and discussed at staff/business meetings (minutes/agendas available to evidence this)?	1	Appears to be a good process of meetings to disseminate information
Staff can state how to contact the local IPC team, Microbiologist and PHE	1	
Is there an Annual Statement available (for the last year) which includes a review of known infection transmission events & actions; audits undertaken & actions; IPC risk assessments undertaken; education & training received by staff; review and update of IPCN policies, procedures & guidance	1	On shared drive but not on website
Is there evidence of a process for reporting untoward incidents in relation to infection prevention and control?	1	Verbal confirmation only
Is there evidence that audits have been undertaken and practice changed to improve infection prevention and control?	1	IPC audit and HH audit in October 2018
Are there current local risk assessments which document challenges to effective infection prevention & control (including COSHH)?	1	COSHH
Do occupational health policies require staff to be offered immunisation in line with current national guidance? (i.e. Immunisation against infectious disease: 'The Green Book') Give Details	1	Verbal confirmation only
There is a record of relevant staff immunisations - Check it	1	PM not present but has the information
Total	9	
%	90%	
Total available points	10	
Non applicable	0	
Total applicable points	10	

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

Communal and Waiting Areas	Achieved	Comments
Is the area visibly clean (including floors and ledges)?	1	
Furniture is visibly clean and made from impermeable and wipeable materials?	1	
Are all furnishings and fittings in a good state of repair?	1	
Is the environment tidy and uncluttered?	1	
Is all equipment visibly clean (including computers, fans and phones)?	1	
Water coolers (if present) are mains supplied, visibly clean and on a planned maintenance programme?	NA	
Is there a procedure for the management and cleaning of toys?	NA	
Is there a record of toy cleaning which details frequencies of cleaning?	NA	
Toys and their storage area are visibly clean with no evidence of body substances, dust or other debris?	NA	
Are toys made of cleanable material (& no soft toys are present)?	NA	
Total	5	
%	100%	
Total available points	10	
Non applicable	5	
Total applicable points	5	

Toilets	Achieved	Comments
Are the environment (including floors and walls) and fittings clean and in a good state of repair?	1	
Is the floor covering washable and impervious to moisture?	1	
Are all surfaces smooth, impervious (for easy cleaning) and with coved edges?	0.5	Not coved edges
Are hand wash sinks available, accessible and clean?	1	
Is liquid soap available in a wall-mounted dispenser?	1	
Disposable paper towels are available in a wall-mounted dispenser	1	
Is there a promotional hand hygiene poster displayed?	1	

Is there a clean hands-free domestic waste bin available for the disposal of paper towels (& it is not overflowing with waste products)?	1	
Sanitary disposal facilities are available	1	
There is evidence that sinks have planned provision for running the water at least weekly (HSE 2001)	1	Verbal confirmation
If nappy-changing facilities are available, are changing mats/tables intact and visibly clean?	1	
If nappy-changing facilities are available, is there an offensive waste bin for nappy disposal	1	
There are signs advising patients what to do/who to contact if facilities are not cleaned to the expected standard	1	
Total	12.5	
%	96%	
Total available points	13	
Non applicable	0	
Total applicable points	13	

Consulting/Examinations Rooms	Achieved	Comments
Are the environment (including floors and walls) and fittings clean and in a good state of repair?	1	
Furniture and fittings are wipeable and impermeable to water	0.5	One clinical room had wooden desk and furniture
The rooms are clutter-free and tidy and items are not stored on the floor	0.5	Two rooms had a collection of books etc however they were clean and organised
Are the disposable couch roll/sheets changed in between patients?	1	
All curtains are visibly clean and have been changed at least every 6-months (or sooner if visibly soiled).	1	
Staff can state what cleaning and disinfectant materials are used for decontamination of equipment (& such materials are available)	1	
Is all equipment visibly clean (including computers, fans and phones)?	1	
Total	6	
%	86%	
Total available points	7	
Non applicable	0	

Total applicable points	7
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Treatment Rooms	Achieved	Comments
Are the environment (including floors and walls) and fittings clean and in a good state of repair?	1	
Furniture and fittings are wipeable and impermeable to water	1	New cupboards in 2 rooms clean and well organised
Are the disposable couch roll/sheets changed in between patients; or if chairs are in use, are they cleaned between patients?	1	
There is an identified area for the storage of clean and sterile equipment	1	
There are no inappropriate items of equipment (including expired items)	1	
All products are stored above floor level	1	
Is all equipment visibly clean (including computers, fans and phones)?	1	
Total	7	
%	100%	
Total available points	7	
Non applicable	0	
Total applicable points	7	

Cleaners Room	Achieved	Comments
Is there a dedicated room for storage of cleaning equipment?	1	several storage cupboards for cleaning equipment - all locked and secure
Are the environment (including floors and walls) and fittings clean and in a good state of repair?	1	
Is there a designated hand wash basin?	1	
Is there a disposal unit for the disposal of contaminated waste water?	1	in 2 areas
Mops and buckets are clean and dry & buckets are stored inverted	1	
Is there evidence of NHS colour coding system being applied	1	
Where washable mop heads are used, is there a documented process for their laundering; if disposable ones are used, they are replaced daily	1	
Cleaning schedules are available and these detail the frequency of cleaning of all rooms and what products to use	1	

A member of the Surgery staff monitors cleaning standards at least monthly and escalates concerns where standards are not being met	1	BC meets regularly with the cleaners and walks round the surgery
Total	9	
%	100%	
Total available points	9	
Non applicable	0	
Total applicable points	9	

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

Appropriate antibiotic use	Achieved	Comments
Prescribers have access to Microbiologists for an advise on antibiotic use	1	
The Practice/Surgery have evidence of participation in local/national activities designed to support antimicrobial stewardship (e.g. education sessions, audits, analysis of CDI cases & related antimicrobial prescriptions, antimicrobial prescribing incentive scheme data)	1	
A process exists for reporting all incidents or near misses related to antimicrobial prescribing	1	
Total	3	
%	100%	
Total available points	3	
Non applicable	0	
Total applicable points	3	

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion

Suitable information in a timely manner	Achieved	Comments
Infection prevention & control policies and procedures are in place and are current (updated in line with local and national guidance)	1	
Information on where to find policies is available to the Surgery users (e.g. on website, info on noticeboard)	0.5	Not confirmed that policies are available on the website
Information leaflets/literature is available on common infections for service users (either in paper or electronic format)	1	

Posters are displayed which advertise current infection issues (e.g. influenza, norovirus, vaccinations, appropriate antibiotic use)	1	Very informative and interesting notice boards in waiting room
Referral letters to hospital clinicians include information on MDRO (multi-drug resistant organism; where appropriate) – in the form of a patient's summary record	1	
Total	4.5	
%	90%	
Total available points	5	
Non applicable	0	
Total applicable points	5	

5. Ensure prompt identification of people who have or are at risk of developing an infection (so that

Prompt identification of those with/at risk of an infection	Achieved	Comments
Staff can state how to contact the local IPC team, Microbiologist, other specialist such as TB	1	
Receptionists are trained about what to inform people who phone in requesting appointments when they have diarrhoea/ suspected 'flu, chickenpox etc.	1	
There is a process for identifying patients new to the UK who could have or be TB carriers and for referring them to the local hospital for an assessment	1	
Total	3	
%	100%	
Total available points	3	
Non applicable	0	
Total applicable points	3	

6. Systems to ensure that all workers are aware of and discharge their responsibilities in the process of

Workers' responsibilities	Achieved	Comments
Statements regarding infection prevention & control are in the job descriptions of all staff	1	Verbal confirmation
Infection prevention education/training is included in the induction of all new staff and there are records of this training	1	Held by PM
All staff (clinical and those with patient/patient environment contact) have completed an infection prevention and control training update in the past 12-months and such training is recorded	1	Online training and regular Protected learning sessions

What is the process for ensuring that staff unavailable for their annual update, undertake an update session in a timely manner?	1	Pm will ensure those staff not up to date are notified at staff meetings
Staff who undertake procedures (e.g. suturing, dressing changes, venepuncture) have been training in the procedures and have been deemed competent in performing the tasks aseptically	1	Informed of very good processes and regular meetings between staff to discuss clinical roles and training.
Infection Control Leads at the Surgery undertake additional training to aid them in their role	1	Had CCG lead training
Provide or secure adequate isolation facilities	1	Isolation areas available on both floors
Total	7	
%	100%	
Total available points	7	
Non applicable	0	
Total applicable points	7	

7. Provide or secure adequate isolation facilities

Isolation	Achieved	Comments
Staff can state what precautions to take when a patient presents in the Surgery with (e.g.): - Suspected chickenpox/shingles - Suspected norovirus	1	
Staff can state what cleaning products need to be used in the event of a body fluid spill in a: - Carpeted area - Non-carpet area	1	Spill packs available
Total	2	
%	100%	
Total available points	2	
Non applicable	0	
Total applicable points	2	

8. Secure adequate access to Laboratory support as required

Specimen Handling	Achieved	Comments
Is there a current policy for Specimen Handling?	1	
Are specimen containers sealed in a designated plastic transit bag?	1	

Are specimens awaiting transit kept in a designated area away from the public and staff rest areas?	1	
Is there a designated specimen fridge available where required?	1	
Are specimens transported in a container that complies with (UN3373)?	1	
Are specimens transported by post, labelled according to UN 3373 and packaged following IATA packing instruction 650?	NA	
Are specimen transport boxes visibly clean?	1	
Total	6	
%	100%	
Total available points	7	
Non applicable	1	
Total applicable points	6	

Vaccines	Achieved	Comments
Is there a current procedure/policy for the storage and transport of vaccines available?	1	
Are vaccines placed in a designated vaccine refrigerator on delivery?	1	
Is the refrigerator locked or located in an area with restricted public access?	1	
Is there evidence that the refrigerator is serviced on a regular basis in line with manufacturer's instructions?	1	
Are the vaccines kept in an approved cool box with a maximum and minimum thermometer or in an alternative refrigerator while this refrigerator is being defrosted?	NA	Not discussed
Are temperature checks performed and recorded each working day?	1	
Are recorded temperatures within the acceptable range of 2 - 8°C?	1	
If temperatures are recorded outside of this range, action was taken and this is documented	1	
During transport, are vaccines wrapped in bubble wrap (or similar insulation material) and stored in a suitable approved cool box with a maximum and minimum thermometer with cool packs?	NA	
Total	7	
%	88%	
Total available points	10	
Non applicable	2	

Total applicable points	8
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9. Have and adhere to policies, designed for the individual's care and provider organisations that will

Hand Hygiene	Achieved	Comments
Liquid soap is available at all hand washing sinks	1	
Soft absorbent paper towels are available at all hand washing sinks	1	
Wall mounted hand cream is available for use	1	
Antibacterial solutions/scrubs are not used for social hand washing	1	
Antibacterial solutions are used for invasive procedures and surgical scrubs	1	
Hand wash sinks are dedicated for that purpose (free from used equipment and inappropriate items)	1	
Access to hand wash sinks is clear	1	
Alcohol hand sanitiser is available at the point of care (i.e. table or wall mounted)	1	
Staff are observed cleaning their hands in line with the '5 Moments for Hand Hygiene' (WHO 2006)	NA	
Members of staff are observed to carry out the correct technique when cleaning their hands	NA	
Staff having patient contact/ involved in clinical activities are dressed in a manner to enable effective hand hygiene (i.e. 'bare below the elbows')	0.5	Some clinicians noted not to be bare below the elbow
Hand wash sinks conform to HBN 95 and are clean and intact (elbow operated or automated taps in use, no plugs or overflows and the water jet does not flow directly into the plughole)	0.5	Some sinks had a plug attached. LF to send guidance
Hand Hygiene audits are completed on a regular basis	1	Last completed October 2018
Total	11	
%	100%	
Total available points	13	
Non applicable	2	
Total applicable points	11	

Personal Protective Equipment	Achieved	Comments
Sterile and clean examination gloves are available and fit for purpose	1	

Gloves are stored appropriately	1	
Gloves are used as single-use items	1	
Gloves are worn for each procedure where there is a risk of contact with blood, body fluid and/chemicals	1	
Hands are cleaned after the removal of gloves	1	
Aprons are available for use and worn appropriately	1	
Aprons are stored appropriately	1	
Staff have access to eye/ face protection (mask, visor) when required for tasks associated with high risk of splashing of blood/ body fluids	1	Available in one room, Staff aware
Total	8	
%	100%	
Total available points	8	
Non applicable	0	
Total applicable points	8	

Patient Equipment	Achieved	Comments
Single-use items are not re-used/ re-processed	1	
Cleaning products are available for routine cleaning of equipment	1	Wipes available in every room
Clean and dirty equipment are not stored together	1	
Staff are aware of the need for cleaning equipment, and a decontamination certificate before equipment is serviced/ repaired/ taken to store	NA	Not discussed
All equipment cleaning is detailed on a cleaning schedule	1	
Cleaning schedules are completed, signed and up-to-date with frequencies and responsibilities identified	1	
Sterile products are stored above floor level	0.5	There were 2 cupboards which appeared to have boxes on the floor may not have been sterile packs
Sterile packs are sealed and undamaged and items are in date	1	
All re-usable instruments are returned to a sterile services provider for decontamination	NA	
Sterile instrument packs are traceable	NA	

Used instruments awaiting collection are stored in a rigid lidded container	NA	
Total	7	
%	100%	
Total available points	11	
Non applicable	4	
Total applicable points	7	

Equipment (cont.)	Achieved	Comments
Spot-check to confirm that equipment is clean		
Stethoscopes	1	
BP machines	1	
Ophthalmoscopes/otoscopes	1	
Single-use or cleanable tourniquets	NA	Not observed
ECG machines	1	
Glucose monitoring equipment	NA	
Dressing trolleys	1	

Waste Management	Achieved	Comments
Clinical waste posters and/ or a waste policy identifying waste segregation are available in all areas	0.5	Not observed in every area
All waste bins are enclosed to minimise the risk of injury	1	
All waste bins are visibly clean	1	
All waste bins are foot operated, lidded and in good working order	1	
Waste is segregated in line with local waste guidance (visibly check bin contents)	1	
There are no overfilled bags. Bags are no more than 2/3 full	1	
Outside waste containers/storage areas are secure	1	Verbally confirmed
Outside waste containers/waste areas are clean and tidy and there is no evidence of vermin	NA	Not observed
Bags are stored correctly prior to disposal: - Infectious/healthcare waste and offensive waste are stored separately to domestic waste - All waste is stored in a secured designated area	1	
Waste bin lids are free of inappropriate items	1	

Healthcare waste (clinical & offensive) are removed by a registered contractor with a valid licence	1	Verbal confirmation only
Total	9.5	
%	95%	
Total available points	11	
Non applicable	1	
Total applicable points	10	

Sharps Management	Achieved	Comments
All sharps bins comply with national standards (UN 3291, BS 7320)	1	
Bins have not been filled above the fill line	1	
Bins are free from protruding sharps	1	
All bins have been assembled correctly, labelled and signed	1	
Sharps bins are stored safely, away from vulnerable people	1	
Sharps bins are used in accordance with ergonomic manual handling principles i.e. using brackets, and stored off of the floor	1	
The temporary closure mechanism is used when bins are not in use	1	
Are there needle-safe devices available and in use which staff have been trained to use	1	
Sharps are disposed of directly into a sharps bin at the point of use	1	
Re-sheathing of needles does not occur	1	
Needles and syringes are discarded into a sharps bin as one unit	1	
Are locked sharps containers stored in a secure facility away from public access until collected for disposal?	1	
Staff are aware of the actions to take in the event of a needle stick injury	NA	Not discussed. Practice to confirm
Total	12	
%	100%	
Total available points	13	
Non applicable	1	
Total applicable points	12	

Food Hygiene	Achieved	Comments
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There is evidence that daily temperatures are recorded and appropriate action is taken if standards are not met (refrigerator temperature must be less than 8°C or as local policy; Freezer temperature -18°C)		Staff food fridge only. Advised to put a notice to state that fridge is not monitored
There are no drugs, blood for transfusion or pathology specimens in the fridge		1
Water coolers and ice machines for patient use are mains supplied or use a treated water supply	NA	None for patient use
Water coolers/ice machines are visibly clean and are cleaned at least weekly according to manufacturer's guidance and on a pre-planned maintenance programme and cleaning schedule is in place		1 Advised overflow should be regularly emptied and cleaned
Water coolers/ice machines are on a pre-planned maintenance programme	NA	Not discussed
Total		2
%		67%
Total available points		5
Non applicable		2
Total applicable points		3